

Patient Name: _____

Patient Date of Birth: _____

Patient Phone:* _____

Patient Email: _____

Insurance Information:* SELF PAY

Insurance: _____

Insurance ID: _____

Insurance Authorization#/ CDSM#: _____

NEEDS AUTH ASSIST (PLEASE PROVIDE CONSULT NOTES)

* = REQUIRED

STAT ORDER Phone 760-520-7254 ; Fax 877-392-4462

STAT Patient May Leave

STAT Results #: _____ STAT Patient Hold For Results

WOMEN'S IMAGING R L Bilateral

- Screening Mammography [2D + 3D] (W/follow up diagnostic mammo if needed)
- Diagnostic Mammography [2D + 3D] (W/ultrasound if indicated)
- Breast Ultrasound (w/Diagnostic Mammogram if indicated)
- Breast MRI w/o IV Contrast (Implant Evaluation)
- Breast MRI w/o and with IV Contrast (High Risk Screening/Diagnostic)
- MRI Guided Biopsy Stereotactic Biopsy Ultrasound Guided Biopsy
- Hook Wire Localization Ultrasound Guided Cyst Aspiration
- DEXA
- Other _____

ULTRASOUND

- Abdominal Renal Pelvic Complete Pelvic w/Transvaginal
- OB (LMP _____) Neck
- Thyroid Scrotum
- Venus Duplex Extremity (DVT)
 - Upper Lower R L Fine Needle Aspiration
- Carotid Duplex Arteries Arterial Duplex Lower Extremity
- Hysterosonogram (Saline Infusion Sonohysterogram)
- Other _____

X-Ray (Walk-In Only)

Patient To Bring Order

- Body Part _____
- R L Bilateral Weight Bearing

Order Date: _____

Referring Physician:* _____

Referring Physician Signature:* _____

Phone:* _____ Fax: _____

NPI: _____ Physician Email: _____

Practice Location: _____

Reason For Exam / Clinical Indications/ICD-10*

MRI MR Arthrogram MR Angiogram MR Venogram

(MRI Labs not needed for contrast exams unless requested)

WITHOUT IV Contrast WITH and WITHOUT IV Contrast

Body Part: _____

R L Bilateral Whole Body Screening

CT CT Arthrogram CT Angiogram CT Venogram

WITHOUT Contrast WITH IV Contrast

- Body Part _____
- Coronary Calcium Score Low Dose Lung Cancer Screening
 - CT Coronary Angiography
 - CT Renal Stone Protocol High Resolution CT Chest (Interstitial Lung Disease)
 - CT Colonography (Asymptomatic-Colon Cancer Screening)
 - CT Colonography (Symptomatic - Diagnostic) (with contrast only)

WITHOUT & WITH IV Contrast
 (Creatinine _____ GFR _____ Date _____)

- Body Part: _____
- Urogram Renal Mass Protocol Liver Mass Protocol Pancreas Protocol
 - Adrenal Mass Protocol CT Enterography (With contrast only)
 - Aorta Stent Graft Protocol Aorta With Run Off (With contrast only)

PET/CT PET/CT studies require (1) Tracer Code + (1) PET Study Code.

- Tumor Imaging
 - FDG (A9552) + Skull base to Thigh (78815)
 - FDG (A9552) + Whole Body Melanoma/Sarcoma (78816)
 - Gallium-Ga-68 Gozetotide (Illuccix) (A9596) (Prostate Cancer)
 - Pylarify (A9595) + Skull base to thigh (78815)
 - Axumin Scan (A9588) + Skull base to Thigh (78815)
 - Cerianna Scan (A9591) + Skull base to Thigh (78815)
 - Gallium-68 Dotatate (A9587) + Skull base to Thigh (78815)
 - Lomametz (A9597)

- Brain Imaging
 - FDG (A9552) + Brain Scan (78608)
 - Florbetapir/AMYVID (A9586) + Brain Scan (78608)
 - Flortaucipir/TAUVID (A9598) + Brain Scan (78608)

Bone Scan

Sodium Fluoride - 18 (A9580) + Whole Body (78816)

Other Tracers _____